



Uniform Medical Conversion Plans

For Benefits Available Beginning January 1, 2004

Summary of Plans I and II

The following is a brief summary of the benefits and monthly rates for Uniform Medical Conversion Plans I and II. The two plans provide most of the same benefits, but differ in the annual deductibles and maximum plan payments. This is not an insurance contract; the conversion policies describe the plans' benefits completely.

Both conversion plans have many of the same features and benefits included in the Public Employees Benefits Board-sponsored Uniform Medical Plan Preferred Provider Organization (UMP PPO). For instance, the plans have the same preauthorization and medical review requirements as the UMP PPO. However, some UMP PPO benefits are not included, such as coverage for eyeglasses, routine eye exams, routine hearing checks and hearing aids, or preventive care. Plan II does not cover outpatient prescription drugs. The coinsurance percentages in these plans apply throughout the calendar year; there is no limit on your out-of-pocket expenses, with the exception of a per-prescription or refill coinsurance limit on some drugs under Conversion Plan I. The coinsurance percentages below, paid by the plans, assume you receive services from network providers. Non-network providers are paid at 60 percent of allowed charges.

Benefit	Conversion Plan I	Conversion Plan II
Annual Medical/Surgical Deductible (January 1 to December 31)	\$500/individual \$1,500/family	\$1,000/individual \$3,000/family
Annual Prescription Drug Deductible (January 1 to December 31)	\$100/individual \$300/family	Not applicable
Chemical Dependency – \$11,841 max. plan payment per consecutive 24 calendar month period	80%	80%
Emergency Room (waived if admitted directly to inpatient hospital)	80% after \$75 copay/visit	80% after \$75 copay/visit
Hospice Care (preauthorized) — 6-month maximum Respite Care — \$5,000 maximum	100%	100%
Hospital, Inpatient and Outpatient	80%	80%
Lifetime Maximum Plan Payment (per enrollee)	\$100,000	\$250,000
Mental Health		
Inpatient maximum: 10 days max./year	80%	80%
Outpatient maximum: 20 visits max./year	80%	80%
Obstetric and Newborn Care	80% up to \$1,000 max. plan payment	80% up to \$750 max. plan payment

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Benefit	Conversion Plan I	Conversion Plan II
Office, Clinic, and Hospital Visits	80%	80%
Physical, Occupational, and Speech Therapy		
Inpatient: 60 days max./year	80%	80%
Outpatient: 60 visits max./year for all therapies combined	80%	80%
Prescription Drugs—Up to a 90-day supply for retail purchases		
After you meet your annual prescription drug deductible, your cost-share limit for generic drugs in a network pharmacy is \$50 (up to a 30-day supply); \$100 (31-60 days' supply); and \$150 (61-90 days' supply). Cost-share limit does not apply to brand-name drugs or drugs purchased in a non-network pharmacy.		
Generic, all insulin, and all disposable diabetic supplies	80%	Not covered
Brand-name drugs	50%	Not covered

Uniform Medical Conversion Plans Monthly Rates

Effective January 1, 2004

	Conversion Plan I \$500 Deductible	Conversion Plan II \$1,000 Deductible
Subscriber Only	\$810.91	\$664.17
Subscriber & Spouse or Qualified Same-Sex Domestic Partner	\$1,617.98	\$1,324.50
Subscriber & Child(ren)	\$1,416.21	\$1,159.42
Entire Family	\$2,223.28	\$1,819.75

Rates change on an annual basis, but are subject to change at any time upon notice from the Health Care Authority.

When the employee will not be covered, use the following structure:

1. If only the spouse or qualified same-sex domestic partner is to be covered, the spouse or qualified same-sex domestic partner is considered the subscriber.
2. In determining the monthly rate, if only the child or children are to be covered, the first child will be considered the subscriber (with the others considered covered children).

If you wish to apply for one of the Uniform Medical Conversion Plans or would like additional information, please contact the **Washington State Health Care Authority, P.O. Box 42684, Olympia, WA 98504-2684**; or call toll-free **1-800-200-1004** or in Olympia, **360-412-4200**.

Reminder: You must apply and pay the first month's premium within 31 days from the date your group coverage ends.